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Application Number 10/653,321

Filling Date September 2, 2003

First Named Inventor LawTon, Robert L.

Art Unit 1634

Examiner Name FORMAN, Betty J.

Total Number of Pages in This Submission 19

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Examiner Name FORMAN, Betty J.

(to be used for all correspondence after initial filing)		LAATIINEI IVAITE	FORMAN, B	Betty J.				
Total Number of Pages in This Submission 19		Attorney Docket Number	6084.001-01	6084.001-01				
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ENCLOSURES (Check all that apply)								
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Extension  Express A  Information  Certified O  Document  Reply to I  Incomplet	ter Final fidavits/declaration(s) of Time Request shandonment Request in Disclosure Statement Copy of Priority  Rer	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Conarks	Address	Propric  Status  ✓ Other below)	Office Action (16 pg)			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name TD Foster								
Signature	Signature							
Printed name Thomas D. Foster								
Date April 5, 2006			Reg. No.	44,686				
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on								
the date shown below: Signature								
Typed or printed	name Thomas D. Foster			Date	4/5/2006			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

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Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Pane Fees pursuant to the Consultation of the Consultation Complete if Known ropriations Act, 2005 (H.R. 4818). 10/653,321 Application Number TRANSIV **Filing Date** September 2, 2003 For FY 2005 First Named Inventor LAWTON, Robert L **Examiner Name** FORMAN, Betty J. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1634 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 6084.001-01 METHOD OF PAYMENT (check all that apply) Check Credit Card | Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity** Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 100 150 500 250 200 100 100 130 65 Design 50 300 160 80 Plant 200 100 150 600 Reissue 300 150 500 250 300 Provisional 200 100 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Extra Claims **Multiple Dependent Claims Total Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets Fee Paid (\$) Total Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY		
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Name (Print/Type) Thomas D. Foster, Esq.	 	Date 4/5/2006

Other (e.g., late filing surcharge):

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**Patent** 

Docket Number: 6084.001-01

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	)
Robert L. Lawton	) Examiner: FORMAN, Betty J.
Application No.: 10/653,321	) Art Unit: 1634
Filed: September 2, 2003	)
For: SOLUBLE ANALYTE DETECTION AND AMPLIFICATION	) ) ) _)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## **RESPONSE TO OFFICE ACTION**

Applicant submits this Response to Office Action mailed on February 1, 2006. Applicant submits this response within three (3) months of that mailing date, thus this Response is timely filed and no fee is deemed necessary.